

## RCRA INSPECTION REPORT

1. Inspector and Author of Report

Bruce Ferguson, EEIT  
Department of Environmental Quality

2. Facility Information

Randall-Textron  
Highway 332 East  
Grenada, Mississippi 38901  
MSD0070372678

3. Responsible Company Official

Frank Logan, Plant Manager

4. Inspection Participants

Rhonda York, Randall Textron  
Bruce Ferguson, MDEQ

5. Date and Time of Inspection

September 17, 1992  
9:30 a.m.

6. Applicable Regulations

Mississippi Hazardous Waste Management Regulations (MHWMR)  
Parts 262, 265 and 268.

7. Purpose of Inspection

A Compliance Evaluation Inspection to determine Randall-Textron's compliance status with applicable regulations.

8. Facility Description

The facility was built in 1960 by Lyons, Inc. North American Rockwell purchased the facility in 1966 and Randall-Textron purchased the facility in 1985.

Randall-Textron manufactures wheel covers for the automobile industry. Manufacturing activities include parts stamping, rolling, washing, polishing, electroplating and painting.

The electroplating process generates the listed waste F006, wastewater from electroplating processes. The wastewater was previously sent to a chrome reduction unit and then to a

settling basin which was part of the facility's wastewater treatment system. The settling basin is currently undergoing closure and its use has been discontinued and the wastewater has been diverted directly to the wastewater treatment plant which is permitted under the NPDES program. In addition to the F006 waste, the electroplating process generates a bottom sediment which is a characteristic waste D007.

The painting process generates the characteristic waste D007, air filters from the paint booths. In the past the painting process generated F001 waste, trichloroethylene, which was used in the cleanup of painting equipment. This waste has been eliminated from the system by using a non-hazardous solvent in place of the trichloroethylene.

In the past, the facility generated D001 waste, Safety Kleen naphtha, in parts washers. This waste has also been eliminated by using a non-hazardous solvent in place of the Safety Kleen solvent.

9. Findings

The records inspected included manifests, land ban notifications, operating records, contingency plan, training records, and the waste analysis plan. All records were found to be in order. Financial assurance documentation is provided to the office and was reviewed and found to be in order prior to the inspection.

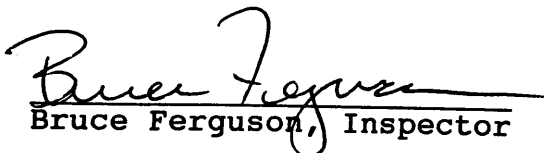
After reviewing the records the processes generating wastes were inspected. There are no processes generating wastes which require satellite accumulation areas. The electroplating process was in operation, however, the painting process was not in operation on the day of the inspection.


After viewing the processes, the less than 90 day storage area was inspected. There was no waste being stored on the day of the inspection. The storage area exceeded Part 265 standards. Secondary containment is provided, the area was fenced and locked, contained a roof and had warning signs posted on all sides.

10. Conclusions


No violations of the Mississippi Hazardous Waste Management Regulations were observed.

11. Signed

  
Bruce Ferguson, Inspector

  
Date

12. Approval

  
\_\_\_\_\_  
Jerry Banks, Supervisor

9-25-92  
Date

cc: James S. Kutzman, w/enclosures

Part 1

General Site Information

Facility Name: RANDALL TEXTRON  
Address: HWY 332 EAST  
ROUTE 5, Box 3  
GRENADE, MISSISSIPPI 38901  
I.D. Number: MSD007037278  
Contact: RHONDA YORK  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Type of Ownership:

\_\_\_ Federal \_\_\_ State \_\_\_ County \_\_\_ Municipal X Private

Facility Status:

X Generator \_\_\_ Transporter \_\_\_ Treatment \_\_\_ Storage \_\_\_ Disposal

Regulatory Status:

\_\_\_ Interim Status \_\_\_ Part B Submitted  
\_\_\_ Permitted X Part B in Preparation

Principal Inspector Name: BRUCE FERGUSON Title: EEIT  
Organization: MDEQ Phone Number: (601) 961-5141

Inspection Participants:

<u>Name</u>	<u>Title</u>	<u>Representing</u>
<u>BRUCE FERGUSON</u>	<u>EEIT</u>	<u>MDEQ</u>
<u>RHONDA YORK</u>		<u>Randall Textron</u>

Part \_\_\_\_

GENERAL FACILITY CHECKLIST

Section A - General Facility Standards

1. Does facility have EPA Identification No.? ☒ Yes \_\_\_ No \_\_\_ NA

a. If yes, EPA I.D. No. 4 8 D 0 0 7 0 3 7 2 7 0  
If no, explain. \_\_\_\_\_

2. Has facility received hazardous waste from a foreign source? \_\_\_ Yes \_\_\_ No ☒ NA

a. If yes, has it filed a notice with the Regional Administrator? \_\_\_ Yes \_\_\_ No ☒ NA

Waste Analysis

3. Does facility maintain a copy of the waste analysis plan at the facility? ☒ Yes \_\_\_ No \_\_\_ NA

a. If yes, does it include: (264.13) (265.13)

1. Parameters for which each waste will be analyzed? ☒ Yes \_\_\_ No \_\_\_ NA

2. Test methods used to test for these parameters? ☒ Yes \_\_\_ No \_\_\_ NA

3. Sampling method used to obtain sample? ☒ Yes \_\_\_ No \_\_\_ NA

4. Frequency with which the initial analyses will be reviewed or repeated? ☒ Yes \_\_\_ No \_\_\_ NA

5. (For offsite facilities) waste analyses that generators have agreed to supply? \_\_\_ Yes \_\_\_ No ☒ NA

6. (For offsite facilities) procedures which are used to inspect and analyze each movement of hazardous waste, including:

a. Procedures to be used to determine the identity of each movement of waste. \_\_\_ Yes \_\_\_ No ☒ NA

b. Sampling method to be used to obtain representative sample of the waste to be identified. \_\_\_ Yes \_\_\_ No ☒ NA

4. Does the facility provide adequate security through: (264.14) (265.14)

a. 24-hour surveillance system (e.g., television monitoring or guards)? ☒ Yes \_\_\_ No \_\_\_ NA

OR

- b. 1. Artificial or natural barrier around facility (e.g., fence or fence and cliff)?

☒ Yes ☐ No ☐ NA

Describe Fence

AND

2. Means to control entry through entrances (e.g., attendant, television monitors, locked entrance, controlled roadway access)?

☒ Yes ☐ No ☐ NA

Describe Guard

General Inspection Requirements (264.15) (265.15)

5. Does the owner/operator maintain a written schedule at the facility for inspecting:

ENVIRONMENTAL  
OR HUMAN HEALTH  
HAZARDS

- a. Monitoring equipment?  
b. Safety and emergency equipment?  
c. Security devices:  
d. Operating and structural equipment?  
e. Types of problems of equipment:

☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA

1. Malfunction  
2. Operator error  
3. Discharges

☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA

6. Does the owner/operator maintain an inspection log?

☒ Yes ☐ No ☐ NA

- a. If yes, does it include:

1. Date and time of inspection?  
2. Name of inspector?  
3. Notation of observations?  
4. Date and nature of repairs or remedial action?  
5. Identification of potential problems?

☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA

☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA

- b. Are there any malfunctions or other deficiencies not corrected? (Use narrative explanation sheet.)

☒ Yes ☐ No ☐ NA

- c. Are records kept a minimum of three years?

☒ Yes ☐ No ☐ NA

Personnel Training (264.16) (265.16)

7. Does the owner/operator maintain personnel training records at the facility?

☒ Yes ☐ No ☐ NA

Date of most recent training: 5/6/92

How long are they kept? \_\_\_\_\_

a. If yes, do they include:

1. Job title and written job description of each position? ☒ Yes ☐ No ☐ NA
2. Description of type and amount of training? ☒ Yes ☐ No ☐ NA
3. Records of training given to facility personnel? ☒ Yes ☐ No ☐ NA

Requirements for Ignitable, Reactive, or Incompatible Waste  
(264.17) (265.17)

8. Does facility handle ignitable or reactive wastes? ☐ Yes ☒ No ☐ NA

- a. If yes, is waste separated and confined from sources of ignition or reaction (open flames, smoking, cutting and welding, hot surfaces, frictional heat), sparks (static, electrical, or mechanical), spontaneous ignition (e.g., from heat-producing chemical reactions), and radiant heat?
1. If yes, use narrative explanation sheet to describe separation and confinement procedures.
  2. If no, use narrative explanation sheet to describe sources of ignition or reaction.

b. Are smoking and open flames confined to specifically designated locations? ☐ Yes ☐ No ☒ NA

c. Are "No Smoking" signs posted in hazardous areas? ☐ Yes ☐ No ☒ NA

d. Are precautions documented (Part 264 only)? ☐ Yes ☐ No ☒ NA

9. Check containers

a. Are containers leaking or corroding? ☐ Yes ☐ No ☒ NA

b. Is there evidence of heat generation from incompatible wastes? ☐ Yes ☐ No ☒ NA

Section B - Preparedness and Prevention

1. Is there evidence of fire, explosion, or contamination of the environment? (264.31) (265.31) ☐ Yes ☒ No ☐ NA

If yes, use narrative explanation sheet to explain.

2. Is the facility equipped with: (264.32) (265.32)

a. Internal communication or alarm system? ☒ Yes ☐ No ☐ NA

1. Is it easily accessible in case of emergency? ☒ Yes ☐ No ☐ NA

b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No ☐ NA

c. Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment? ☐ Yes ☐ No ☐ NA

d. Water of adequate volume of hoses, sprinklers, or water spray system? ☒ Yes ☐ No ☐ NA

1. Describe source of water well on site

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? (264.35) (265.35) ☐ Yes ☐ No ☐ NA

4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (264.37) (265.37) ☒ Yes ☐ No ☐ NA

5. In the case that more than one police or fire department might respond, is there a designated primary authority? ☐ Yes ☐ No ☒ NA (264.37) (265.37)

a. If yes, name primary authority \_\_\_\_\_

6. Does the owner/operator have phone numbers of and agreements with State emergency response teams, emergency response contractors, and equipment suppliers? (264.37) (265.37) ☒ Yes ☐ No ☐ NA

a. Are they really available to all personnel? ☒ Yes ☐ No ☐ NA

7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? (264.37) (265.37) ☒ Yes ☐ No ☐ NA

8. If State or local authorities declined to enter into agreements, is this entered in the operating record? (264.37) (265.37) ☐ Yes ☐ No ☒ NA



Section C - Contingency Plan and Emergency Procedures

1. Is a contingency plan maintained at the facility? (264.53) (265.53) ☒ Yes ☐ No ☐ NA
- a. If yes, is it a revised SPCC Plan? ☒ Yes ☐ No ☐ NA
- b. Does contingency plan include: (264.52) (265.52)
1. Arrangements with local emergency response organizations? ☒ Yes ☐ No ☐ NA ?
2. Emergency coordinator's names, phone numbers and addresses? ☒ Yes ☐ No ☐ NA
3. List of all emergency equipment at facility and descriptions of equipment? ☐ Yes ☒ No ☐ NA
4. Evacuation plan for facility personnel? ☒ Yes ☒ No ☐ NA
2. Is there an emergency coordinator on site or on call at all times? (264.55) (265.55) ☐ Yes ☐ No ☐ NA

Section D - Manifest System, Recordkeeping, and Reporting

1. Does facility receive waste from offsite? (264.71) (265.71) ☐ Yes ☒ No ☐ NA
- a. If yes, does the owner/operator retain copies of all manifests?
1. Are the manifests signed and dated and returned to the generator? ☐ Yes ☐ No ☒ NA
2. Is a signed copy given to the transporter? ☐ Yes ☐ No ☒ NA
2. Does the facility receive any waste from a rail or water (bulk shipment) transporter? (264.71) (265.71) ☐ Yes ☒ No ☐ NA
- a. If yes, is it accompanied by a shipping paper? ☐ Yes ☐ No ☒ NA
1. Does the owner/operator sign and date the shipping paper and return a copy to the generator? ☐ Yes ☐ No ☒ NA
2. Is a signed copy given to the transporter? ☐ Yes ☐ No ☒ NA
3. Has the owner/operator received any shipments of waste that were inconsistent with the manifest (manifest discrepancies)? (264.72) (265.72) ☐ Yes ☒ No ☐ NA
- a. If yes, has he attempted to reconcile the discrepancy with the generator and transporter? ☐ Yes ☐ No ☒ NA
1. If no, has Regional Administrator been notified? ☐ Yes ☐ No ☒ NA

4. Does the owner/operator keep a written operating record at the facility? (264.73) (265.73)

☐ Yes ☐ No ☒ NA

a. If yes, does it include:

1. Description and quantity of each hazardous waste received? ☐ Yes ☐ No ☒ NA
2. Methods and dates of treatment, storage, and disposal? ☐ Yes ☐ No ☒ NA
3. Location and quantity of each hazardous waste at each location? ☐ Yes ☐ No ☒ NA
4. Cross-references to manifests/shipping papers? ☐ Yes ☐ No ☒ NA
5. Records and results of waste analyses? ☐ Yes ☐ No ☒ NA
6. Report of incidents involving implementation of the contingency plan? ☐ Yes ☐ No ☒ NA
7. Records and results of required inspections? ☐ Yes ☐ No ☒ NA
8. Monitoring, testing, and analytical data, for groundwater required by Subpart F? ☐ Yes ☐ No ☒ NA
9. Closure cost estimates and, for disposal facilities, post-closure cost estimates (Part 264)? ☐ Yes ☐ No ☒ NA
10. Notices of generators as specified in Section 264.12(b) (Part 264)? ☐ Yes ☐ No ☒ NA

b. Does facility have copy of permit on site?

☐ Yes ☐ No ☒ NA

5. Does the facility submit a <sup>Annual</sup> ~~biennial~~ report by March 1 every even-numbered year? (264.75) (265.75)

☒ Yes ☐ No ☐ NA

a. If yes, do reports contain the following information:

1. EPA I.D. number? ☒ Yes ☐ No ☐ NA
2. Date and year covered by report? ☒ Yes ☐ No ☐ NA
3. Description/quantity of hazardous waste? ☒ Yes ☐ No ☐ NA
4. Treatment, storage, and disposal methods? ☒ Yes ☐ No ☐ NA
5. Monitoring data under Section 265.94(a)(2) and (b)(2) (Part 265)? ☒ Yes ☐ No ☐ NA
6. Most recent closure and post-closure cost estimates? ☒ Yes ☐ No ☐ NA
7. For TSD generators, description of efforts to reduce volume/toxicity of waste generated, and actual comparisons with previous year? ☐ Yes ☐ No ☒ NA
8. Certification signed by owner/operator? ☒ Yes ☐ No ☐ NA

6. Has the facility received any waste (that does not come under the small generator exclusion) not accompanied by a manifest? (264.76) (265.76)

☐ Yes ☐ No ☒ NA

a. If yes, has he submitted an unmanifested waste report to the Executive Director?

☐ Yes ☐ No ☒ NA

7. Does the facility submit to the Executive Director reports on releases, fires, and explosions; contamination and monitoring data; and facility closure?

☐ Yes ☐ No ☒ NA

Part \_\_\_\_\_

GENERATOR'S CHECKLIST

Section A - EPA Identification No.

1. Does generator have EPA I.D. No.? (262.12) ☒ Yes ☐ No ☐ NA
- a. If yes, EPA I.D. No. 6 6 7 0 3 7 2 7 8

Section B - Manifest

1. Does generator ship waste offsite? (262.20) ☒ Yes ☐ No ☐ NA
- a. If no, do not fill out Sections B and D.
- b. If yes, identify primary offsite facility(s).  
\_\_\_\_\_
2. Does generator use manifest? (262.20) ☒ Yes ☐ No ☐ NA
- a. If no, is generator a small quantity generator (generating between 100 and 1000 kg/month)? ☐ Yes ☐ No ☒ NA
1. If yes, does generator indicate this when sending waste to a TSD facility? ☐ Yes ☐ No ☒ NA
- b. If yes, does manifest include the following information?
1. Manifest document No. ☒ Yes ☐ No ☐ NA
2. Generator's name, mailing address, telephone number ☒ Yes ☐ No ☐ NA
3. Generator EPA I.D. No. ☒ Yes ☐ No ☐ NA
4. Transporter Name(s) and EPA I.D. No.(s) ☒ Yes ☐ No ☐ NA
5. a. Facility name, address, and EPA I.D. No. ☒ Yes ☐ No ☐ NA
- b. Alternate facility name, address, and EPA I.D. No. ☒ Yes ☐ No ☐ NA
- c. Instructions to return to generator if undeliverable ☒ Yes ☐ No ☐ NA
6. Waste information required by DOE - shipping name, quantity (weight or vol.), containers (type and number) ☒ Yes ☐ No ☐ NA
7. Emergency information (optional) (special handling instructions, telephone No.) ☒ Yes ☐ No ☐ NA
8. Is the following certification on each manifest form? ☒ Yes ☐ No ☐ NA

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

9. Does generator retain copies of manifests?

☒ Yes ☐ No ☐ NA

If yes, complete a through e.

- a. 1. Did generator sign and date all manifests?  
2. Who signed for generator?

☒ Yes ☐ No ☐ NA  
☐ Yes ☐ No ☐ NA

Name Various Title \_\_\_\_\_

- b. 1. Did generator obtain handwritten signature and date of acceptance from initial transporter?  
2. Who signed and dated for transporter?

☒ Yes ☐ No ☐ NA  
☐ Yes ☐ No ☐ NA

Name Various Title \_\_\_\_\_

- c. Does generator retain one copy of manifest signed by generator and transporter?  
d. Do returned copies of manifest include facility owner/operator signature and date of acceptance?  
e. Does generator retain copies for 3 years?

☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA  
☒ Yes ☐ No ☐ NA

#### Section C - Hazardous Waste Determination

1. Does generator generate solid waste(s) listed in Subpart D (List of Hazardous Waste)? (261.30)

☒ Yes ☐ No ☐ NA D007-36306

- a. If yes, list waste and quantities (include EPA Hazardous Waste No.) D007, F006

D007 25000  
D007 11000  
D040 - F002 4779.5

2. Does generator solid waste(s) listed in Subpart C that exhibit hazardous characteristics? (corrosivity, ignitability, reactivity, EP toxicity) (261.20)

F002-D007-D008 4400  
D001-D039-D018 4187  
D001 770  
☐ Yes ☐ No ☐ NA

- a. If yes, list wastes and quantities (include EPA Hazardous Waste No.) D007

- b. Does generator determine characteristics by testing or by applying knowledge of processes? Both

1. If determined by testing, did generator use test methods in Part 261, Subpart C (or equivalent)?

☒ Yes ☐ No ☐ NA

a. If equivalent test methods used, attach copy of equivalent methods used.

3. Are there any other solid wastes generated by generators?

☒ Yes \_\_\_ No \_\_\_ NA

- a. If yes, did generator test all wastes to determine nonhazardous characteristics?

☒ Yes \_\_\_ No \_\_\_ NA

1. If no, list wastes and quantities deemed nonhazardous or processes from which nonhazardous waste was produced (use additional sheet if necessary).

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Section D - Pretransport Requirements

1. Does generator package waste in accordance with 49 CFR 173, 178, and 179 (DOT requirements)? (262.30)

☒ Yes \_\_\_ No \_\_\_ NA

2. a. Are containers to be shipped leaking or corroding?  
b. Use sheet to describe containers and condition.

\_\_\_ Yes ☒ No \_\_\_ NA

- c. Is there evidence of heat generation from incompatible wastes in the containers? (262.31)

\_\_\_ Yes ☒ No \_\_\_ NA

3. Does generator follow DOT labeling requirements in accordance with 49 CFR 172?

☒ Yes \_\_\_ No \_\_\_ NA

4. Does generator mark each package in accordance with 49 CFR 172?

☒ Yes \_\_\_ No \_\_\_ NA

5. Is each container of 110 gallons or less marked with the following label? (262.32)

☒ Yes \_\_\_ No \_\_\_ NA

Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator name(s) and address(es) \_\_\_\_\_

Manifest document No. \_\_\_\_\_

6. Does generator have placards to offer to transporters? (262.33)

\_\_\_ Yes \_\_\_ No \_\_\_ NA

7. Accumulation time: (262.34)

- a. Are containers used to temporarily store waste before transport?

☐ Yes ☐ No ☒ NA

1. If yes, is each container clearly dated:

Also, fill out rest of No. 7 (accum. time)

☐ Yes ☐ No ☒ NA

- b. 1. Does generator inspect containers for leakage or corrosion? (265.174 - Inspections)

☒ Yes ☐ No ☐ NA

2. If yes, with what frequency?

*weekly as necessary*  
*there are no containers on the day of the inspection*

☒ Yes ☐ No ☐ NA

- c. Does generator locate containers holding ignitable or reactive waste at least 15 meters (50 feet) from the facility's property line? (265.176 - Special Requirements for Ignitable or Reactive Wastes)

☒ Yes ☐ No ☐ NA

NOTE: If tanks are used, fill out checklist for tanks.

- d. Are the containers labeled and marked in accordance with Section D-3, D-4, and D-5 of this form?

☒ Yes ☐ No ☐ NA

NOTE: If generator accumulates waste on site, fill out checklist for General Facilities, Subparts C and D.

- e. Does generator comply with requirements for personnel training? (Attach checklist for 265.16 Personnel Training.)

☒ Yes ☐ No ☐ NA

8. Describe storage area. Use photos and narrative explanation sheet.

Section E - Recordkeeping and Records (262.40)

1. Does generator keep the following reports for 3 years?

- a. Manifests and signed copies from  
b. Biennial Reports  
c. Exception reports  
d. Test results

☒ Yes ☐ No ☐ NA

☒ Yes ☐ No ☐ NA

☒ Yes ☐ No ☐ NA

☒ Yes ☐ No ☐ NA

2. Where are the records kept (at facility or elsewhere)?

Facility

3. Who is in charge of keeping the records?

Name Rhonda York Title \_\_\_\_\_

Section F - Special Conditions

1. Has generator received from or transported to a foreign Administrator? ☐ Yes ☒ No ☐ NA
- a. If yes, has he filed a notice with the Regional Administrator? ☐ Yes ☐ No ☒ NA
- b. Is this waste manifested and signed by a foreign cosignee? ☐ Yes ☐ No ☒ NA
- c. If generator transported wastes out of the country, has he received confirmation of delivered shipment? ☐ Yes ☐ No ☒ NA



Appendix I - Satellite Accumulation Area

1. Source/Area: \_\_\_\_\_

2. Type waste: \_\_\_\_\_

3. Condition of Containers: \_\_\_\_\_

a. Containers closed?

\_\_\_Yes \_\_\_No \_\_\_NA

b. Containers properly labeled?

\_\_\_Yes \_\_\_No \_\_\_NA

4. If > 55 gallons accumulated, has generator complied with 262.34(c)(2)?

\_\_\_Yes \_\_\_No \_\_\_NA

Appendix II - Less-than-Ninety Day Storage

1. Source/Data: \_\_\_\_\_

2. Type(s) of waste: NONE

3. Condition of containers: NONE

a. Containers closed?

☐ Yes ☐ No ☒ NA

b. Containers properly labelled?

☐ Yes ☐ No ☒ NA

c. Accumulation dates?

☐ Yes ☐ No ☒ NA

d. Area inspected?

☒ Yes ☐ No ☐ NA

The storage area had secondary containment, was fenced, locked and contained a roof. Signs were posted on all sides.

Waste Information Worksheet  
(To be filled out for each hazardous waste)

Waste Name: RINSE WATERS  
Waste Code: D007, F006

Process Generating Waste: CHROME ELECTROPLATING

How was determination made?  
☒ Knowledge of Waste. Describe. listed  
☐ Testing. Describe. \_\_\_\_\_

Waste Generation Rate (may be estimated) 25000 GALLONS/YR

Disposal Procedure: \_\_\_\_\_

Site/Firm: \_\_\_\_\_

Is waste subject to requirements of MHWMR 268? Yes\_\_ No\_\_  
Describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is waste excluded under MHWMR 261.4? Yes\_\_ No\_\_  
Describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Waste Information Worksheet  
(To be filled out for each hazardous waste)

Waste Name: HAZARDOUS WASTE SOLID FROM THE CLEANOUT OF TANKS  
Waste Code: 2007

Process Generating Waste: CHROME ELECTROPLATING

How was determination made?

☐ Knowledge of Waste. Describe.

☒ Testing. Describe. TCLP

Waste Generation Rate (may be estimated) 11000 lbs / yr

Disposal Procedure: \_\_\_\_\_

Site/Firm: \_\_\_\_\_

Is waste subject to requirements of MHWMR 268? Yes\_\_ No\_\_  
Describe. \_\_\_\_\_

Is waste excluded under MHWMR 261.4? Yes\_\_ No\_\_  
Describe. \_\_\_\_\_

Waste Information Worksheet  
(To be filled out for each hazardous waste)

Waste Name: STILL BOTTOMS  
Waste Code: F002, D040

Process Generating Waste: PAINTING OPERATION, CLEANOUT  
OF DISTILLATION UNIT

How was determination made?

☐ Knowledge of Waste. Describe. \_\_\_\_\_

☐ Testing. Describe. \_\_\_\_\_

Waste Generation Rate (may be estimated) 4779.5 lbs/yr

Disposal Procedure: Waste Stream

Site/Firm: was eliminated

Is waste subject to requirements of MHWMR 268? Yes ☐ No ☐  
Describe. \_\_\_\_\_

Is waste excluded under MHWMR 261.4? Yes ☐ No ☐  
Describe. \_\_\_\_\_

Waste Information Worksheet  
(To be filled out for each hazardous waste)

Waste Name: WASTE PETROLEUM NAPTHA  
Waste Code: D001, D039, D018

Process Generating Waste: DEGREASING OPERATION

How was determination made?  
☐ Knowledge of Waste. Describe. \_\_\_\_\_  
☐ Testing. Describe. \_\_\_\_\_

Waste Generation Rate (may be estimated) 4187 lbs

Disposal Procedure: Waste Stream  
Site/Firm: was eliminated

Is waste subject to requirements of MHWMR 268? Yes\_\_ No\_\_  
Describe. \_\_\_\_\_

Is waste excluded under MHWMR 261.4? Yes\_\_ No\_\_  
Describe. \_\_\_\_\_

Part \_\_\_\_

LAND DISPOSAL RESTRICTIONS CHECKLIST

Section A - General

1. Are hazardous wastes land-disposed on site? ☐ Yes ☒ No ☐ NA
  - a. If yes, are one or more of the following circumstances true:
    1. Granted extension from effective date pursuant to Section 268.5? ☐ Yes ☐ No ☒ NA
    2. Granted exemption from a prohibition pursuant to a petition under Section 268.6? ☐ Yes ☐ No ☒ NA
    3. Disposing of soil or debris resulting from a CERCLA response action or a RCRA corrective action, which will not be prohibited until November 8, 1988? ☐ Yes ☐ No ☒ NA
    4. Facility is a small quantity generator of less than 100 kg of hazardous waste per month? ☐ Yes ☐ No ☒ NA
    5. Wastes not yet prohibited by Part 268? ☐ Yes ☐ No ☒ NA
2. Are restricted wastes or residuals from treatment of a restricted waste diluted in any way prior to disposal? ☐ Yes ☐ No ☐ NA
3. Are there active surface impoundments used for treatment of hazardous wastes? ☐ Yes ☒ No ☐ NA
  - a. If yes, does the unit's design and operation meet the requirements set forth in Section 268.4? ☐ Yes ☐ No ☒ NA
4. Has the facility sought exemption from any prohibition under Subpart C of Section 268 for the disposal of a restricted hazardous waste? ☐ Yes ☐ No ☒ NA
  - a. If yes, has the facility's demonstration included the required components (waste I.D., waste analysis, comprehensive environmental characterization of unit site, QA/QC plan, sampling, testing, modeling)? ☐ Yes ☐ No ☐ NA
5. Has the facility determined whether it generates a restricted waste through waste analysis? (268.7) ☒ Yes ☐ No ☐ NA
  - a. If yes, is the facility, in fact, handling a restricted waste(s)? ☒ Yes ☐ No ☐ NA
  - b. If yes, does the restricted waste required treatment? ☒ Yes ☐ No ☐ NA

- c. If yes, has the generator notified the treatment facility in writing, and does the notification include all required components (EPA hazardous waste number, corresponding treatment standard, manifest number of shipment)? ☒ Yes ☐ No ☐ NA
6. Does the facility handle EPA Hazardous Waste Nos. F001 through F005 (solvent wastes)? (268.10) ☒ Yes ☐ No ☐ NA
- a. If yes, do any of the following conditions apply:
1. The generator of the solvent waste is a small quantity generator (not more than 1000 kg/month)? ☐ Yes ☒ No ☐ NA
  2. The solvent waste is generated from a CERCLA response corrective action? ☐ Yes ☒ No ☐ NA
  3. The solvent waste is a solvent-water mixture, solvent-containing sludge, or solvent-contaminated soil (non-CERCLA or RCRA corrective action) containing less than 1 percent total F001 through F005 solvent constituents. ☐ Yes ☒ No ☐ NA
- b. If no, have any of these restricted wastes began land-disposed (except in an injection well) since November 8, 1986? ☐ Yes ☐ No ☐ NA
7. Does the facility handle EPA Hazardous Waste Nos. F020, F021, F023, F026, F027, or F028 (dioxin-containing wastes)? ☐ Yes ☒ No ☐ NA
- a. If yes, do any of the following conditions apply:
1. Wastes are treated to meet standards of Subpart D of Section 268? ☐ Yes ☐ No ☒ NA
  2. Wastes are disposed of at a facility that has been granted a petition? ☐ Yes ☐ No ☒ NA
  3. An extension has been granted? ☐ Yes ☐ No ☒ NA
- b. If no, were these restricted wastes land disposed after November 8, 1988? ☐ Yes ☐ No ☒ NA
8. Are restricted wastes being treated? ☐ Yes ☐ No ☒ NA
- a. If yes, have any of their associated hazardous constituents exceeded the "Constituent in Waste Extract" (CWE) levels? ☐ Yes ☐ No ☒ NA



Section B - Generator Compliance

1. Waste Identification

a. Does the generator handle the following wastes:

1. Solvent wastes

- (i) F001, F002, F004, or F005  
(ii) F003

☒ Yes ☐ No ☐ NA  
☐ Yes ☒ No ☐ NA

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☐ No ☒ NA

Note: Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially misclassified F-solvents, Appendix A-2 presents a list of corresponding F and U wastes.

2. Dioxin wates (F020-F023, F026-F028)

☐ Yes ☒ No ☐ NA

3. Potential California List Wastes  
(see Appendix C)

☐ Yes ☐ No ☐ NA

(i) D002

(ii) D004-D011

☐ Yes ☒ No ☐ NA  
☒ Yes ☐ No ☐ NA

(iii) Any other waste characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides?

☐ Yes ☒ No ☐ NA

(iv) Any F, K, P, or U wastes subject to "soft hammer" requirements that may qualify as California wastes due to HOCs, metals, or cyanide content?

(See Appendix F)

☐ Yes ☒ No ☐ NA  
☒ Yes ☐ No ☐ NA

4. First Third Wastes (See MHWMR 268.10)

5. Second Third Wastes (See MHWMR 268.11)

☐ Yes ☒ No ☐ NA

6. (Reserved)

(i) Are any of the above "soft hammer" wastes? (See Appendices D & E)

☐ Yes ☐ No ☐ NA

2. BDAT Treatability Group - Treatment Standards Identification

a. Does the generator mix restricted wastes with different treatment standards for constituents of concern?

☐ Yes ☒ No ☐ NA

- b. If yes, did the generator select the most stringent treatment standard for the constituent of concern [Section 268.41(b)]?

☒ Yes ☐ No ☐ NA

c. F Solvents

Did the generator correctly determine the appropriate treatability group [Section 268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No ☐ NA

d. California Wastes

Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [Section 268.32(a)(3)]?

☒ Yes ☐ No ☐ NA

e. First and Second Third Waste

1. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [Section 268.7(a)]?

☒ Yes ☐ No ☐ NA

2. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

☐ Yes ☒ No ☐ NA

3. Waste Analysis

- a. Did the generator determine whether the waste exceeds treatment standards based on Section 268.7(a):

1. Knowledge of wastes

☒ Yes ☐ No ☐ NA

- (i) List wastes for which "applied knowledge" was used:

Fu06

2. TCLP

☒ Yes ☐ No ☐ NA

(i) List wastes for which "TCLP" was used:

D007

(ii) MHWMR 268.41 lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP?

☐ Yes ☒ No ☐ NA

If yes, list: \_\_\_\_\_

3. Total waste analysis

☐ Yes ☒ No ☐ NA

4. If files were retained, describe content and basis of applied knowledge determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: \_\_\_\_\_

Note which wastes were subjected to which tests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) \_\_\_\_\_

5. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [Section 264.13(a)(3)(i) or Section 265.13(a)(3)(i)]?

☐ Yes ☐ No ☒ NA

b. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [Section 268.7(a)(1)]?

List those that exceeded standards: \_\_\_\_\_  
\_\_\_\_\_

List those that did not exceed standards: \_\_\_\_\_

c. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [Section 268.3] ☐ Yes ☐ No ☐ NA

6. Has the generator conducted any testing of those hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ☐ Yes ☐ No ☐ NA

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste? ☐ Yes ☐ No ☐ NA

4. Management

a. Onsite management

1. Were restricted wastes managed onsite? ☐ Yes ☒ No ☐ NA

2. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? ☐ Yes ☒ No ☐ NA

If yes, TSDF checklist must be completed.

b. Offsite Management

1. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(ii) Corresponding treatment standard?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(iii) Manifest number?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
(iv) Waste analysis, if available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Identify offsite treatment facilities \_\_\_\_\_

2. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

(i) EPA hazardous waste I.D. number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
(ii) Corresponding treatment standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA

- (iii) Manifest number \_\_Yes \_\_No NA  
 (iv) Certification regarding waste and that  
 it meets treatment standards? \_\_Yes \_\_No NA

Identify land disposal facilities receiving the  
 BDAT certified wastes \_\_\_\_\_

3. If the generator's waste is subject to a  
 Section 268.5 case by case exemption, a  
 Section 268.6 "no migration" exemption,  
 or a nationwide variance does the generator's  
 records indicate that he or she submits with  
 each waste shipment [Section 268.7(a)(3)]:

- |  |       |      |    |
|--|-------|------|----|
| (i) EPA Hazardous Waste Number?  | __Yes | __No | NA |
| (ii) Corresponding Treatment Standards?  | __Yes | __No | NA |
| (iii) All applicable prohibitions?   | __Yes | __No | NA |
| (iv) The manifest number?  | __Yes | __No | NA |
| (v) The date the wastes are subject to<br>prohibitions?  | __Yes | __No | NA |
| (vi) Does generator keep records of all<br>notifications/certifications send to<br>offsite facilities? | __Yes | __No | NA |

List all prohibited wastes for which records  
 are not provided per above [Section 268.7(a)(b)]:  
 \_\_\_\_\_  
 \_\_\_\_\_

Identify TSDFs receiving any prohibited wastes  
 subject to any exemptions and variances:  
 \_\_\_\_\_  
 \_\_\_\_\_

4. If handler generates a "soft hammer" waste, does  
 the generator send with each "soft hammer" waste  
 shipment to a TSDF and retain copies of, a notice  
 that includes [268.7(a)(4)]:

- |                                       |       |      |    |
|---------------------------------------|-------|------|----|
| The EPA Hazardous Waste Number?       | __Yes | __No | NA |
| Applicable prohibitions?              | __Yes | __No | NA |
| The manifest number?                  | __Yes | __No | NA |
| Waste analysis data, where available? | __Yes | __No | NA |

- (i) Do the generator's records indicate that  
 any soft-hammer wastes are destined for  
 disposed in a landfill or surface  
 impoundment [Section 268.33(f)]? \_\_Yes \_\_No NA

If yes, list facility of destination and waste of concern [Section 268.8(a)(2)]

---

- (ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [Section 268.7(a)(2)]? ☐ Yes ☐ No ☒ NA
- (iii) Has the generator retained a copy of the demonstration on site [Section 268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No ☒ NA
- (iv) Has the generator retained copies of all Section 268.8 certifications sent to the TSDF [Section 268.7(a)(6)] ☐ Yes ☐ No ☒ NA
- (v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [Section 268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No ☒ NA
- (vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [Section 268.8(b)(3)]? ☐ Yes ☐ No ☒ NA

5. Storage of Prohibited Waste

- a. Were prohibited wastes stored for greater than 90 days? ☐ Yes ☒ No ☐ NA

If yes, was facility operating as a TSD under interim status or final permit [Section 262.34(b)]?

☐ Yes ☐ No ☒ NA

If yes, TSDF Checklist must be completed.

6. Treatment Using RCRA 264/265 Exempt Units or Processes  
(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

☐ Yes ☐ No ☒ NA

If yes, list type of treatment unit and processes

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If yes, TSDf checklist must be completed.

Section C - Treatment, Storage & Disposal Requirements

N/A

1. General

a. Does the facility conduct waste analysis (total and TCLP) on-site or through a commercial laboratory?

---

b. Describe the frequency of sampling conducted by the facility.

---

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2. Treatment Facilities

a. Has the treatment facility revised its waste analysis plan [Section 268.7(b)] to meet the requirements of Section 264.13 or 265.13?

\_\_\_ Yes \_\_\_ No ☒ NA

(i) Is the treatment facility conducting TCLP tests for wastes subject to treatment standards expressed as waste extracts per 268.7(b)(i)?

\_\_\_ Yes \_\_\_ No ☒ NA

(ii) Is the treatment facility using the paint filter test for the California waste residues [Section 268.7(b)(ii)]?

\_\_\_ Yes \_\_\_ No ☒ NA

(iii) Is the treatment facility testing the pH of California waste residues?

\_\_\_ Yes \_\_\_ No ☒ NA

(iv) Is the treatment facility testing concentrations (not extracts) in the waste residues for prohibited wastes with established treatment standards expressed as waste concentrations [Section 268.7(b)(3)]?

\_\_\_ Yes \_\_\_ No ☒ NA

(v) Is the treatment facility testing extracts of the waste residues for prohibited wastes having established treatment standards expressed as extract concentrations [Section 268.7(b)(1)]?

\_\_\_ Yes \_\_\_ No ☒ NA

3. Land Disposal Facilities

- a. Has the facility retained all notices and certifications from generators, storage and treatment facilities [268.7(c)(1)]? ☐ Yes ☐ No ☒ NA
- b. Are wastes and waste residues tested for compliance with applicable treatment standards and prohibitions [Section 268.7(c)(2)]? ☐ Yes ☐ No ☒ NA
- c. Are they being tested in conformance with the frequency specified in the waste analysis plan [Section 268.7(c)(3)]? ☐ Yes ☐ No ☒ NA
- d. Are the appropriate tests (TCLP vs. total waste) being used [Section 268.7(c)(2)]? ☐ Yes ☐ No ☒ NA

4. Storage (Section 268.50)

- a. Are restricted wastes exceeding treatment standards stored (excepting wastes subject to no migration exemptions, nationwide variances, case by case extensions, soft-hammered wastes)? ☐ Yes ☐ No ☒ NA
- b. Are all containers clearly marked to identify content and date(s) entering storage [Section 268.50(a)(2)]? ☐ Yes ☐ No ☒ NA
- c. Do operating records track the location, quantity and dates that wastes exceeding treatment standards entered and were removed from storage [Section 264.73 or Section 265.73]? ☐ Yes ☐ No ☒ NA
- d. Do operating records agree with container labeling? [Section 268.50(a)(2) or Section 264.73 or Section 265.73] ☐ Yes ☐ No ☒ NA
- e. Is waste exceeding treatment standards stored for less than 1 year? ☐ Yes ☐ No ☒ NA

If yes, can you show that such accumulation is not necessary to facilitate proper recovery, treatment, or disposal?

☐ Yes ☐ No ☒ NA

If yes, state how: \_\_\_\_\_

- f. Was/is waste exceeding treatment standards stored for more than one year? ☐ Yes ☐ No ☒ NA



If yes, state the owner/operator's proof that such storage was solely for the purposes of accumulation of such quantities of hazardous waste as are necessary to facilitate proper recovery, treatment, or disposal:

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5. Treatment in Surface Impoundments (Section 268.4)

- a. Are prohibited wastes placed in surface impoundments for treatment? ☐ Yes ☐ No ☒ NA
- b. Is the only recognizable "treatment" occurring in the impoundment either evaporation, dilution, or both [Section 268.4(b) and Section 268.3]? ☐ Yes ☐ No ☒ NA
- c. Did the facility submit a certification of compliance with minimum technology and groundwater monitoring requirements, and the waste analysis plan to the Agency [Section 268.4(a)(4)]? ☐ Yes ☐ No ☒ NA
- d. Have the minimum technology requirements been met [Section 268.4(a)(4)]?
1. If the minimum technology requirements have not been met, has a waiver been granted for that unit(s) [Section 268.4(a)(3)(iii)]? ☐ Yes ☐ No ☒ NA
- e. Have the Subpart F groundwater monitoring requirements been met [Section 268.4(a)(3)]? ☐ Yes ☐ No ☒ NA
- f. Have representative samples of the sludge and supernatant from the surface impoundment been tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan and are the results in the operating record for all wastes with treatment standards or prohibition levels [Section 268.4(a)(2)]? ☐ Yes ☐ No ☒ NA
- g. Did the hazardous waste residue (sludge or liquid) exceed the treatment standards or prohibition levels? ☐ Yes ☐ No ☒ NA
- h. Provide the frequency of analyses conducted on treatment residues: \_\_\_\_\_

Does the frequency meet the requirements of the waste analysis plan [Section 264.13 or Section 265.13]? ☐ Yes ☐ No ☒ NA

- i. Does the operating record adequately document the results of waste analyses performed [Section 264.13 or Section 265.13]? ☐ Yes ☐ No ☒ NA
- j. Have the hazardous waste residues that exceed the treatment standards and/or prohibition levels been removed adequately and on an annual basis [Section 268.4(a)(2)(ii)]? ☐ Yes ☐ No ☒ NA
1. If answer to f is no and supernatant is determined to exceed treatment concentrations, is annual throughput greater than impoundment volume? (note: sludge exceeding treatment standards must be removed) ☐ Yes ☐ No ☒ NA
- k. If residues were removed annually, were adequate precautions taken to protect liners and do records indicate that inspections of liner integrity are performed? ☐ Yes ☐ No ☒ NA
- l. When removed, were residues of restricted wastes managed subsequently in another surface impoundment? ☐ Yes ☐ No ☒ NA
1. Were these residues subject to a valid 268.8 certification? ☐ Yes ☐ No ☒ NA
- m. When removed, were wastes treated prior to disposal? ☐ Yes ☐ No ☒ NA
1. If yes, are waste residues treated on or offsite? ☐ Yes ☐ No ☒ NA
2. Identify management method: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other Treatment

- a. Does the facility operate treatment units (regulated or exempt) (not including surface impoundments)? ☐ Yes ☐ No ☒ NA
- b. Describe the treatment processes, including exempt processes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Does the facility treat soft-hammered wastes? ☐ Yes ☐ No ☒ NA

1. If yes, is treatment occurring as described in the generator's certification/demonstration [Section 268.8(c)(1)]? ☐ Yes ☐ No ☒ NA
2. Did the treatment facility certify he treated the soft-hammered waste as per the generator's demonstration and maintain copies of all certifications [268.8(c)(1)]? ☐ Yes ☐ No ☒ NA
3. Did the treatment facility send a copy of the generator's demonstration and certification to the receiving treatment, recovery, or storage facility [Section 268.8(c)(2)]? ☐ Yes ☐ No ☒ NA
- d. Does the facility, in accordance with an acceptable waste analysis plan, verify that the residue extract from all treatment processes for the restricted wastes are less than treatment standards or prohibition levels [Section 268.7(c)(2)]? ☐ Yes ☐ No ☒ NA
- e. Describe frequency of testing of treatment residuals.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- f. Was dilution used as a substitute for treatment [Section 268.3]? ☐ Yes ☐ No ☒ NA
- g. Are all notifications, certifications, and results of waste analyses kept in the operating record [Section 264.73(b) or Section 265.73(b)]? ☐ Yes ☐ No ☒ NA
- h. Are notices provided to land disposal facilities complete with Waste Number, treatment standard, manifest number, and analytical data (where available) submitted for each shipment of waste or treatment residual that meets the treatment standard stating that waste has been treated to treatment performance standards [Section 268.7(b)(4) and (5) and Section 268.8(c)(1)]? ☐ Yes ☐ No ☒ NA
- i. If the waste or treatment residue will be further managed at another storage or treatment facility, has the treatment facility complied with the 268.7(a) notification and certification requirements applicable to generators [Section 268.7(b)(6)]? ☐ Yes ☐ No ☒ NA

7. Land Disposal

- a. Are restricted and/or prohibited wastes placed in land disposal units (landfills, surface impoundments\*

waste piles, wells, land treatment units, salt domes/beds, mines/caves, concrete vault or bunker?) ☐ Yes ☐ No ☒ NA

b. Did facility have the notice and certification from generators/treaters in its operating record that all prohibited wastes disposed met standards for generation or treatment [Section 268.7(c)(1) and 268.7(a),(b)]? ☐ Yes ☐ No ☒ NA

c. Did the facility obtain waste analysis data through testing of the waste to determine that the wastes are in compliance with the applicable treatment standards [Section 268.7(c)(2)]? ☐ Yes ☐ No ☒ NA

If yes, was the frequency of testing as required by the facility's waste analysis plan [Section 264.13 or 265.13]? ☐ Yes ☐ No ☒ NA

d. Were prohibited wastes exceeding the applicable treatment standards or prohibition levels placed in land disposal units [268.30] excluding national capacity variances [268.30(a)]? ☐ Yes ☐ No ☒ NA

If yes, did facility have an approved waiver based on no migration petition [268.6] or approved case-by-case or capacity extension [268.5] or treatment standard variance [268.44][Section 268.30(d), Section 268.31(d), Section 268.32(g), Section 268.33(e)]? ☐ Yes ☐ No ☒ NA

e. Were restricted wastes subject to a national capacity variance or case-by-case extension disposed? ☐ Yes ☐ No ☒ NA

If yes, have the minimum technology requirements been met for all units receiving such wastes [Section 268.30(c), 268.31(c), 268.32(d), 268.33(d)]? ☐ Yes ☐ No ☒ NA

f. Were adequate records of disposal maintained [Section 264.73(b) or 265.73(b)]? ☐ Yes ☐ No ☒ NA

g. If wastes subject to a nationwide variances, case-by-case extensions [268.5], or no migration petitions [268.6] were disposed, does facility have generator's notices [268.7(a)(3)] and records of disposal? [Section 264.73(b) or Section 265.73(b)] ☐ Yes ☐ No ☒ NA

h. If the facility has a case-by-case extension, can the inspector verify that the facility is making progress as described in progress reports? ☐ Yes ☐ No ☒ NA

- i. If the owner/operator is disposing of a soft-hammer waste, is he maintaining the generators and treaters (if applicable) notices and certifications [Section 268.8(a)(2)-(a)(4)]?

\_\_Yes \_\_No XNA

1. Is the facility disposing of any soft hammer wastes that may be classified as California wastes?

\_\_Yes \_\_No XNA

2. Did the facility seek to verify whether these wastes may be subject to all restrictions, e.g., California ban?

\_\_Yes \_\_No XNA

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

RANDALL TEXTRON  
RHONDA YORK  
RT 5, BOX 3  
GRENADA, MS 38901

MSD007037208

DEC-OPC

MISSISSIPPI DEPARTMENT  
OF  
ENVIRONMENTAL QUALITY

1990 Hazardous Waste Report

FORM  
IC

IDENTIFICATION AND  
CERTIFICATION

**INSTRUCTIONS:** Read the detailed instructions of the 1990 Hazardous Waste Report booklet before completing this form.

**SEC. I** Site name and location address. Complete items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or _____		B. Site/company name Same as label <input checked="" type="checkbox"/> or _____	
C. Has the site name associated with this EPA ID changed since 1990? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No			
D. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input checked="" type="checkbox"/> or _____			
E. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or _____	F. County GRENADA	G. State Same as label <input checked="" type="checkbox"/> _____	H. Zip Code Same as label <input checked="" type="checkbox"/> _____

**SEC. II** Mailing address of site.

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (COMPLETE SEC. II)	
B. Number and street name of mailing address N/A	
C. City, town, village, etc. N/A	D. State _____ E. Zip Code _____

**SEC. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

A. Please print: Last name YORK	First name RHONDA	M.I. G.	B. Title Chemist	C. Telephone 601 226-1161 Extension 225
------------------------------------	----------------------	------------	---------------------	---

**SEC. IV** Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site.

A. 3465	B. 3471	C. N/A	D. N/A
------------	------------	-----------	-----------

**SEC. V** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Number of form pages submitted Form IC 12 Form GM 16 Form WR 10			
B. Please print: Last name LOGAN	First name FRANK	M.I. B.	C. Title plant manager
D. Signature Frank Logan			E. Date of signature MO. DAY YR.

OVER ->

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

RANDALL TEXTRON

GRENADA, MS 38901

EPA NO.

MS.DOP.7.03.7.2.7.8

MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

1990 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions of the 1990 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description RQ waste - 1,1,1-Trichloroethane waste generated when use was discontinued and we removed all remaining product both use and virgin product

B. EPA hazardous waste code

F001 NA NA NA

D. SIC code

34165

E. Source code

1A07

F. Form code

B201

G. Origin

Code U

System type MINA

Sec.  
II

A. Quantity generated in 1990

17356

B. UOM

U

C. Density

1 lbs/gal 2 kg

D. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW?

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

SYSTEM 1

System type

M

Quantity treated, disposed or recycled in 1990

17356

SYSTEM 2

System type

M

Quantity treated, disposed or recycled in 1990

17356

Sec.  
III

A. Was this waste shipped off site?

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (THIS FORM IS COMPLETE)

Site  
1

B. EPA ID No. of facility to which waste was shipped

ALD1094476793

C. System type

M029

D. Total quantity shipped in 1990

17356

Site  
2

NA

M

Comments:

SITE NAME

RANDALL TEXTRON

GRENADA, MS 38901

ID NO.

MS.D.O.P.7.0.3.7.2.7.8

1990 Hazardous Waste Report

FORM  
GMWASTE GENERATION AND  
MANAGEMENT**INSTRUCTIONS:** Read the detailed instructions of the 1990 Hazardous Waste Report booklet before completing this form.Sec.  
I

A. Waste description waste petroleum naphtha - combustible liquid generated in  
a degreasing operation in maintenance dept.  
contains total halogenated organic compounds

B. EPA hazardous waste code

D001

N/A

N/A

N/A

D. SIC code

341615

E. Source code

A107

F. Form code

B2C2

G. Origin

Code 1

System type M N A

Sec.  
II

A. Quantity generated in 1990

29,74

B. UOM

C. Density

D. Was this waste treated, disposed or recycled on site  
or discharged to a sewer/POTW?☐ 1 lbs/gal ☐ 2 sg☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (STOP TO SEC. III)

SYSTEM 1

System type

M

Quantity treated, disposed or recycled in 1990

SYSTEM 2

System type

M

Quantity treated, disposed or recycled in 1990

Sec.  
III

A. Was this waste shipped off site?

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (THIS FORM IS COMPLETE)Site  
1

B. EPA ID No. of facility to which waste was shipped

MS.D.9.8.1.0.3.0.9.8.4

C. System type

M051

D. Total quantity shipped in 1990

29,74

Site  
2

N/A

M

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

RANDALL TEXTRON

GRENADA, MS 38901

EPA NO.

MS.D.O.P.7.03.7.2.7.8

MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

1990 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions of the 1990 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description waste trichloroethylene - still bottoms from distillation  
of trichloroethylene which contains paint pigments and  
spent trichloroethylene

B. EPA hazardous waste code

F002

N/A

N/A

N/A

D. SIC code

3411

E. Source code

A33

F. Form code

B16C1

G. Origin

Code

System type M/A

Sec.  
II

A. Quantity generated in 1990

14339

B. UOM

1

C. Density

1.05

1 lbs/gal 2 kg

D. Was this waste treated, disposed or recycled on site  
or discharged to a sewer/POTW?

1 Yes (CONTINUE TO SYSTEM 1)

2 No (SKIP TO SEC. III)

SYSTEM 1

System type

M

Quantity treated, disposed or recycled in 1990

14339

SYSTEM 2

System type

M

Quantity treated, disposed or recycled in 1990

14339

Sec.  
III

A. Was this waste shipped off site?

1 Yes (CONTINUE TO BOX B)  
2 No (THIS FORM IS COMPLETE)

Site  
1

B. EPA ID No. of facility to which waste was shipped

TN.D.9808.47.024

C. System type

M052

D. Total quantity shipped in 1990

14339

Site  
2

N/A

M

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

RANDALL TEXTRON

GRENADA, MS 38901

EI NO.

MSDOP2037278

MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

1990 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions of the 1990 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Hazardous waste solid generated from the clean-out of chrome electroplating tanks			
B. EPA hazardous waste code D1007 N1A11 N1A11 N1A11				
D. SIC code 34171	E. Source code A138	F. Form code B1505	G. Origin Code 4 System type MINIA1	

Sec. II	A. Quantity generated in 1990 3575	B. UOM L	C. Density 1 lbs/gal	D. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
SYSTEM 1 System type M		SYSTEM 2 System type M		

Sec. III	A. Was this waste shipped off site? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped TN D980847024	C. System type M077	D. Total quantity shipped in 1990 3575
Site 2	N1A1111111111111111	M1111	

Comments:

SITE NAME

RANDALL TEXTRON

GRENADA, MS 38901

ID NO.

MS.D.O.P.7.03.7.2.7.8

FORM  
GMWASTE GENERATION AND  
MANAGEMENT**INSTRUCTIONS:** Read the detailed instructions of the 1990 Hazardous Waste Report booklet before completing this form.Sec.  
I

A. Waste description

Hazardous substance liquid (PCB's) capacitors removed  
from operation and disposed of

B. EPA hazardous waste code

PCB1

NA11

NA11

NA11

D. SIC code

3465

E. Source code

A58

F. Form code

B219

G. Origin

Code 1

System type

M111

Sec.  
II

A. Quantity generated in 1990

547

B. UOM

3

C. Density

1 lb/gal 2 kg

D. Was this waste treated, disposed or recycled on site  
or discharged to a sewer/POTW?☐ 1 Yes (CONTINUE TO SYSTEM 1)☒ 2 No (SKIP TO SEC. III)

SYSTEM 1

System type

M111

Quantity treated, disposed or recycled in 1990

547

SYSTEM 2

System type

M111

Quantity treated, disposed or recycled in 1990

547

Sec.  
III

A. Was this waste shipped off site?

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (THIS FORM IS COMPLETE)Site  
1

B. EPA ID No. of facility to which waste was shipped

AR.D.0.6.9.7.4.8.1.9.2

C. System type

M1041

D. Total quantity shipped in 1990

547

Site  
2

NA1111111111

M111

1111111111

Comments: Sec. I Box F B219 other organic liquids is PCB's  
which are not listed under form codes

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

RANDALL TEXTRON

GRENADA, MS 38901

NO.

MS.D.O.P.7.03.7.2.7.8

MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

1990 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions of the 1990 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description Rinse waters from chrome electroplating operation  
which is treated in an on-site waste water treatment plant

B. EPA hazardous waste code

D007

NA

NA

NA

D. SIC code

3421

E. Source code

A31

F. Form code

B105

G. Origin

Code 1

System type (M)

Sec.  
II

A. Quantity generated in 1990

11000000

B. UOM

5

C. Density

8.35

☒ 1 lbs/gal ☐ 2 kg

D. Was this waste treated, disposed or recycled on site  
or discharged to a sewer/POTW?

☒ 1 Yes (CONTINUE TO SYSTEM 1)

☐ 2 No (SKIP TO SEC. III)

SYSTEM 1

System type

(M) 071

Quantity treated, disposed or recycled in 1990

11000000

SYSTEM 2

System type

(M)

Quantity treated, disposed or recycled in 1990

Sec.  
III

A. Was this waste shipped off site?

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

Site  
1

B. EPA ID No. of facility to which waste was shipped

C. System type

(M)

D. Total quantity shipped in 1990

Site  
2

B. EPA ID No. of facility to which waste was shipped

C. System type

(M)

D. Total quantity shipped in 1990

Comments:

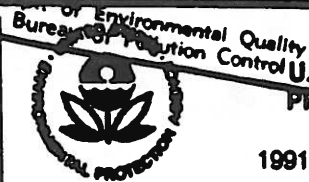
FEB 27 1992

OMB# 2050-0024 Expires 9/30/92

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

HSD007037270

RANDALL TEXTRON  
RHONDA YORK  
ROUTE 5 BOX 3  
GRENADA, MS 38901

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
ICIDENTIFICATION AND  
CERTIFICATION**INSTRUCTIONS:** Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

<b>SEC. I</b> Site name and location address. Complete items A through H. Check the box <input checked="" type="checkbox"/> in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6	
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or <input type="checkbox"/>	B. County GRENADA
C. Site/company name Same as label <input checked="" type="checkbox"/> or <input type="checkbox"/>	D. Has the site name associated with this EPA ID changed since 1989? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input checked="" type="checkbox"/> or <input type="checkbox"/>	
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or <input type="checkbox"/>	G. State Same as label <input checked="" type="checkbox"/> or <input type="checkbox"/> H. Zip Code Same as label <input checked="" type="checkbox"/> or <input type="checkbox"/>

<b>SEC. II</b> Mailing address of site. Instruction page 6	
A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)	
B. Number and street name of mailing address	
C. City, town, village, etc.	E. Zip Code

<b>SEC. III</b> Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6			
A. Please print: Last name YORK	First name RHONDA	M.I. G.	B. Title plant chemist
C. Telephone 601 226-1161		Extension 225	

<b>SEC. IV</b> Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7			
A. 3465	B. 3471	C. N/A	D. N/A

<b>SEC. V</b> "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."			
A. Please print: Last name LOGAN	First name FRANK	M.I. B.	B. Title plant manager
C. Signature Frank B. Logan		D. Date of signature 2 2 92 MO. DAY YR.	

## Sec. VI - Generator Status

EPA ID NO.

MISD 01012 0317 21718

## A. 1991 RCRA generator status

Instruction page 7

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG (SKIP TO SEC. VII)  
☐ 3 CESQG  
☐ 4 Non generator (CONTINUE TO BOX B)

## B. Reason for not generating

Page 9

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste

- ☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

## Sec. VII - On-Site Waste Management Status

## A. RCRA permitted or interim status storage

Instruction page 10

15

## B. RCRA permitted or interim status treatment, disposal, or recycling

Page 10

3

## C. RCRA-exempt treatment, disposal, or recycling

Page 11

11

## Sec. VIII - Waste Minimization Activity during 1990 or 1991

## A. Did this site begin or expand a source reduction activity during 1990 or 1991?

Instruction page 11

- ☒ 1 Yes  
☐ 2 No

## B. Did this site begin or expand a recycling activity during 1990 or 1991?

Page 12

- ☐ 1 Yes  
☒ 2 No

## C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991?

Page 12

- ☒ 1 Yes  
☐ 2 No

## D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

## E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |   | Yes                                   | No                                    |  |
|----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                                    | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | h. Technical limitations of production processes inhibit on-site recycling   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production processes                  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recyclable materials  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments off site for recycling   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off site for recycling  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off site for recycling   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                            |                                       |   | <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

RANDALL Textron

Rt. 5 Box 3 GRENADA, MS

EPA ID NO.

MSD 01017 01317 21718



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

Rinse waters from chrome-electroplating operation  
which is treated in an on-site waste water  
treatment plant

B. EPA hazardous waste code  
Page 15

D1017 NA

C. State hazardous waste code  
Page 15

NA NA NA

D. SIC code  
Page 16

3471

E. Origin code  
Page 16

1

System type MINA

F. Source code  
Page 17

131

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B105

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

3

K. CAS numbers  
Page 18

1. 7440-42-3 2. NA

3. NA 4. NA 5. NA

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

10001019

B. Quantity generated in 1991  
Page 18

25001010

C. UOM  
Page 19

5

Density

8.35

☒ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

☒ 1 Yes (CONTINUE TO SYSTEM 1)  
☐ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M1071

Quantity treated, disposed or recycled on site in 1991

25001010

ON-SITE SYSTEM 2

On-site system type  
Page 19

NA

Quantity treated, disposed or recycled on site in 1991

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W13 W51

W16 W15

C. Other effects  
Page 22

☐ 1 Yes  
☒ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

NA

E. Activity/production index  
Page 23

NA

F. 1991 Source reduction quantity  
Page 24

75001010

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
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SITE NAME

RANDALL Textron

Rt. 5 Box 3 GRENADA, MS

EPA ID NO.

MSD 01017 01317 21718



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 16

Hazardous waste solid generated from the clean-out  
of chrome electroplating tanks

B. EPA hazardous waste code  
Page 15

D007 N/A

N/A N/A N/A

C. State hazardous waste code  
Page 15

D. SIC code  
Page 16

3471

E. Origin code  
Page 16

1

System type

MN/A

F. Source code  
Page 17

A38

G. Point of measurement  
Page 17

L

H. Form code  
Page 17

BSPS

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 16

3

K. CAS numbers  
Page 16

1. 7140-47-3 2. N/A

3. N/A 4. N/A 5. N/A

Sec.  
II

A. Quantity generated in 1991  
Instruction Page 18

3575

B. Quantity generated in 1991  
Page 18

11000

C. UOM Density  
Page 19

1

1 lb/gal 2 kg

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

- ☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

ON-SITE SYSTEM 2

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

- ☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

TND 980 847 024

C. System type shipped to  
Page 20

M077

D. Off-site availability code  
Page 21

L

E. Total quantity shipped in 1991  
Page 21

11000

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

N/A

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

- ☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W W  
W W

C. Other effects  
Page 22

- ☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

E. Activity/production index  
Page 23

F. 1991 Source reduction quantity  
Page 24

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

RANDALL Textron

Rt. 5 Box 3 GRENADA, MS

EPA ID NO.

MSD 0107 037 278



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15 waste trichloroethylene still bottoms generated from clean-out of distillation unit in paint dept., contains spent trichloroethylene and paint pigments

B. EPA hazardous waste code Page 15

F002 D040

C. State hazardous waste code Page 15

NA NA NA

D. SIC code Page 16

3471

E. Origin code Page 16

5

F. Source code Page 17

133

G. Point of measurement Page 17

1

H. Form code Page 17

B601

I. RCRA-radioactive mixed Page 17

2

J. Reported TRI constituent Page 18

3

K. CAS numbers Page 18

1. 79-01-6 2. 330-20-7  
3. 108-68-3 4. NA 5. NA

Sec. II A. Quantity generated in 1990 Instruction Page 18

14338.5

B. Quantity generated in 1991 Page 18

4779.5

C. UOM Density Page 19

1

1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type Page 19

M

Quantity treated, disposed or recycled on site in 1991

1

ON-SITE SYSTEM 2

On-site system type Page 19

M

Quantity treated, disposed or recycled on site in 1991

1

Sec. III A. Was any of this waste shipped off site in 1991? Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 20

TND 980 847 024

C. System type shipped to Page 20

M052

D. Off-site availability code Page 21

1

E. Total quantity shipped in 1991 Page 21

4779.5

Site 2 B. EPA ID No. of facility waste was shipped to Page 20

NA

C. System type shipped to Page 20

M

D. Off-site availability code Page 21

1

E. Total quantity shipped in 1991 Page 21

1

Sec. IV A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22

W W  
W W

C. Other effects Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities Page 23

1

E. Activity/production index Page 23

1

F. 1991 Source reduction quantity Page 24

1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

RANDALL Textron

Rt. 5 Box 3 GRENADA, MS

EPA ID NO.

MSID 01017 0317 2718



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

waste methylene chloride, RACK STRIPPER, spent material  
from Rack Stripping tank

B. EPA hazardous waste code  
Page 15

F1012 01017  
D1018 N/A N/A

C. State hazardous waste code  
Page 15

\_\_\_\_\_

D. SIC code  
Page 16

34711

E. Origin code  
Page 16

1

System type

MINA

F. Source code  
Page 17

1011

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B202

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

2

K. CAS numbers  
Page 18

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

\_\_\_\_\_ 0.1

B. Quantity generated in 1991  
Page 18

\_\_\_\_\_ 4400.1

C. UCM Density  
Page 19

1 \_\_\_\_\_  
☐ 1 lb/gal ☐ 2 sg

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

1M

Quantity treated, disposed or recycled on site in 1991

\_\_\_\_\_

ON-SITE SYSTEM 2

On-site system type  
Page 19

1M

Quantity treated, disposed or recycled on site in 1991

\_\_\_\_\_

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

TND 980 847 024

C. System type shipped to  
Page 20

M051

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

\_\_\_\_\_ 4400.1

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

NA

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

\_\_\_\_\_

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W W  
W W

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

\_\_\_\_\_

E. Activity/production index  
Page 23

\_\_\_\_\_

F. 1991 Source reduction quantity  
Page 24

\_\_\_\_\_

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
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U.S. ENVIRONMENTAL  
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1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 Hazardous substance liquid (PCB) capacitors removed from operation and disposed of							
B. EPA hazardous waste code Page 15 N/A N/A N/A N/A N/A				C. State hazardous waste code Page 15				
D. SIC code Page 16 3465	E. Origin code Page 16 2 System type MINA	F. Source code Page 17 A5B	G. Point of measurement Page 17 1	H. Form code Page 17 B219	I. RCRA-radioactive mixed Page 17 2			
J. Reported TRI constituent Page 16 2	K. CAS numbers Page 16 1. 2. 3. 4. 5.							

Sec. II	A. Quantity generated in 1990 Instruction Page 16 547	B. Quantity generated in 1991 Page 16 0	C. UOM Page 16 3 Density 1 lb/gal 2 kg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 16 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)				
ON-SITE SYSTEM 1 On-site system type Page 19 M		Quantity treated, disposed or recycled on site in 1991			ON-SITE SYSTEM 2 On-site system type Page 19 M		Quantity treated, disposed or recycled on site in 1991	

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20 M	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21	
Site 2	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20 M	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21	

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 22 W W W W	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24	

Comments: Sec. I Box H B219 PCB - polychlorinated biphenyls

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
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1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 waste petroleum naphtha - combustible liquid generated in a degreasing operation in maintenance dept., contains total halogenated organic compounds				
B. EPA hazardous waste code Page 15 D001 D039 D018 NA NA		C. State hazardous waste code Page 15 _____			
D. SIC code Page 16 31415	E. Origin code Page 16 System type MWIA	F. Source code Page 17 107	G. Point of measurement Page 17 1	H. Form code Page 17 B202	
I. RCRA-radioactive mixed Page 17 2		J. Reported TFI constituent Page 18 2			
K. CAS numbers Page 18 1. _____ 2. _____ 3. _____ 4. _____ 5. _____					

Sec. II	A. Quantity generated in 1990 Instruction Page 18 2974	B. Quantity generated in 1991 Page 18 4187	C. UOM Page 18 1	Density _____	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1 On-site system type Page 19 M			ON-SITE SYSTEM 2 On-site system type Page 19 M		

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 20 MSD 981 030 984	C. System type shipped to Page 20 M051	D. Off-site availability code Page 21 1	E. Total quantity shipped in 1991 Page 21 4187	
Site 2	B. EPA ID No. of facility waste was shipped to Page 20 NA	C. System type shipped to Page 20 M	D. Off-site availability code Page 21 1	E. Total quantity shipped in 1991 Page 21 _____	

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 22 W W W W	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23 _____	E. Activity/production index Page 23 _____	F. 1991 Source reduction quantity Page 24 _____	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

RANDALL Textron

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1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15				
ONE time disposal of waste combustible liquid CONTAINING mineral spirits					
B. EPA hazardous waste code Page 15			C. State hazardous waste code Page 15		
D1001 N/A					
N/A N/A N/A					
D. SIC code Page 16	E. Origin code Page 16	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
3465	1	A07	1	B201	2
J. Reported TRI constituent Page 18		K. CAS numbers Page 18			
2		1. 2. 3. 4. 5.			

Sec. II	A. Quantity generated in 1990 Instruction Page 18	B. Quantity generated in 1991 Page 18	C. UOM Page 19	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19
	0	770	1	<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1		ON-SITE SYSTEM 2		
On-site system type Page 19		On-site system type Page 19		
M		M		

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20				
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)					
Site 1	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21	
	TND 980 847 024	M051	1	770	
Site 2	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21	
	N/A	M			

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22				
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 22	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24	
W W	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No				

Comments:

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OR ENTER:

SITE NAME

RANDALL Textron

Rt.5 Box 3 GRENADA, MS

EPA ID NO.

MSD 0.0.7 0.3.7 2.7.8



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

One time disposal of 1,1,1-Trichloroethane

B. EPA hazardous waste code  
Page 15

F001 N/A

C. State hazardous waste code  
Page 15

N/A N/A N/A

D. SIC code  
Page 16

3465

E. Origin code  
Page 16

1

System type

M N/A

F. Source code  
Page 17

A07

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B201

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

2

K. CAS numbers  
Page 18

1. 2. 3. 4. 5.

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

7356

B. Quantity generated in 1991  
Page 18

0

C. UOM  
Page 19

Density

1

1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

ON-SITE SYSTEM 2

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W

W

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

E. Activity/production index  
Page 23

F. 1991 Source reduction quantity  
Page 24

Comments:

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SITE NAME

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Rt. 5 Box 3 GRENADA, MS

EPA ID NO.

M.S.D. 01017 01317 21718



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 one time generation of Hazardous waste solid, ceramic brick, from destruction and Rebuild of chrome Recovery unit, brick embedded with chromic acid				
B. EPA hazardous waste code Page 15 D10107 N/A N/A N/A N/A			C. State hazardous waste code Page 15 		
D. SIC code Page 16 3471	E. Origin code Page 16 2 System type MINA	F. Source code Page 17 A59	G. Point of measurement Page 17 1	H. Form code Page 17 B319	
I. RCRA-radioactive mixed Page 17 2		J. Reported TRI constituent Page 18 3			
K. CAS numbers Page 18 1. 7440-42-3 2. N/A 3. N/A 4. N/A 5. N/A					

Sec. II	A. Quantity generated in 1980 Instruction Page 18 	B. Quantity generated in 1991 Page 18 316300	C. UOM Page 19 1 Density 	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1 On-site system type Page 19 M		Quantity treated, disposed or recycled on site in 1991 		
ON-SITE SYSTEM 2 On-site system type Page 19 M		Quantity treated, disposed or recycled on site in 1991 		

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 20 TND 980 847 024	C. System type shipped to Page 20 M132	D. Off-site availability code Page 21 1	E. Total quantity shipped in 1991 Page 21 316300
Site 2	B. EPA ID No. of facility waste was shipped to Page 20 	C. System type shipped to Page 20 M	D. Off-site availability code Page 21 	E. Total quantity shipped in 1991 Page 21 

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 22 W W W W	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23 	E. Activity/production index Page 23 	F. 1991 Source reduction quantity Page 24 

Comments: Sec. 1 Box H B319 - INORGANIC SOLIDS - CERAMIC BRICK, NO LIQUID



m.s.d	0.07	0.37	2.78
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## 1991 Hazardous Waste Report

**FORM  
PS**

## WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

**INSTRUCTIONS:** Read the detailed instructions beginning on page 32 of the 1991 Hazardous Waste Report booklet before completing this form.

Wastewater treatment plant description: Reduction, Precipitation, and Clarification/  
Settling of Chromium from waste water in waste  
treatment plant

1019

1101 x

44.11%

Comments: Sec. I Box E - waste treatment system contains a surface impoundment unit into which the sludge generated is pumped.  
Sec. II Box A - Quantity is estimated



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OR ENTER:

SITE NAME, RANDALL Textron  
Rt. 5 Box 3 GRENADA, MS

EPA ID NO. MS0007037278



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM

OI

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter <u>TN00980847024</u>	B. Name of off-site installation or transporter <u>BRYSON Recovery Services</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>552 Rivergate Road</u> City <u>Memphis</u> State <u>TN</u> Zip Code <u>38109</u>
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter [ ]	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street _____ City _____ State [ ] [ ] Zip Code [ ]
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter [ ]	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street _____ City _____ State [ ] [ ] Zip Code [ ]
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter [ ]	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street _____ City _____ State [ ] [ ] Zip Code [ ]
<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter [ ]	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street _____ City _____ State [ ] [ ] Zip Code [ ]

Comments: